

Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: ESPEE LAFAYETTE, LLC

Address: 200 WEST SECOND STREET

Telephone: 337-504-2314

Email: rebekke@lptfa.org

This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to ereports@lla.la.gov, faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.

AFFIDAVIT

Personally came and appeared before the undersigned authority, ANTHONY DANIEL (officer's name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of **ESPEE LAFAYETTE, LLC** as of **December 31, 2022** and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements; that the entity has maintained a system of internal control structure sufficient to safeguard assets and comply with laws and regulations; and that the entity has complied with all laws and regulations, except as follows: _____

Complete if Applicable: In addition, ANTHONY DANIEL (officer's name), who duly sworn, deposes, and says that **ESPEE LAFAYETTE, LLC** received \$75,000 or less in revenues and other sources for the year ended **December 31, 2022**, and accordingly, is not required to have an audit for the previously mentioned fiscal year.

[Signature]
OFFICER'S SIGNATURE

CHAIRMAN
OFFICER'S TITLE

Sworn to and subscribed before me, this 29 day of March, 20 23

[Signature]
NOTARY PUBLIC SIGNATURE & SEAL



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Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Receipts	\$	\$0	\$0
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$	\$0	\$0
DISBURSEMENTS (Provide Brief Description):			
7. Bank charges	\$	\$216	\$216
8. Depreciation		16,524	16,524
9.			
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$	\$16,740	\$16,740
14. Change in member's equity (Lines 6 minus 13)	\$	\$(16,740)	\$(16,740)
15. Member's equity at beginning of year	\$	\$877,263	\$877,263
16. Member's equity (deficit) at end of year (Add lines 14-15)			
--This amount also goes on line 12, Statement B	\$	\$860,523	\$860,523

Identify the Basis of Accounting, if not using Cash-Basis: Modified Cash Basis

NOTE: If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.

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Balance Sheet

Statement B

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$	\$0	\$0
2. Investments (fair value)			
3. Land		287,499	287,499
4. Buildings and improvements		590,838	590,838
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	<u>\$</u>	<u>\$878,337</u>	<u>\$878,337</u>
LIABILITIES AND MEMBER'S EQUITY (at year-end):			
7. Due to Member	\$	\$17,814	\$17,814
8.			
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Member's equity(amount from Line 16 on Statement A)		860,523	860,523
13. Other			
14. Total Liabilities and Member's equity (add lines 11 - 13)	<u>\$</u>	<u>\$878,337</u>	<u>\$878,337</u>

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Anthony Daniel, Chairman

Purpose	Dollar Amount
1. Salary	1.
2. Benefits-insurance	2.
3. Benefits-retirement	3.
4. Benefits-other (describe)	4.
5. Benefits-other (describe)	5.
6. Benefits-other (describe)	6.
7. Car allowance	7.
8. Vehicle provided by government (if reported on your W-2)	8.
9. Per diem	9.
10. Reimbursements	10.
11. Travel	11.
12. Registration fees	12.
13. Conference travel	13.
14. Housing	14.
15. Unvouchered expenses (example: travel advances, etc.)	15.
16. Special meals	16.
17. Other	17.
18. TOTAL (enter total of line 1-17)	18.

Please check here if the Agency Head does not receive any compensation, benefits, and other payments. (Act 462 of the 2015 Legislative Session allows nongovernmental entities or not-for-profit (quasi-public) entities to report on the Act 706 schedule **only** those payments to the agency head that are derived from the public funds.)